CHESTERFIELD COUNTY PARKS AND RECREATION VOLUNTEER MONUMENT HALL OF FAME GUIDELINES

There are hundreds of volunteers in Chesterfield County who perform services daily for their community. *The Chesterfield County Parks and Recreation Volunteer Hall of Fame Monument* is designed to recognize those who have rendered unusual or outstanding volunteer service to the community.

NOMINATOR ELIGIBILITY

Nominations can be made by athletic organizations, friends, groups, businesses, non-profit service organizations, and others who can verify the nominee's qualifications for recognition. The nominator is responsible for providing complete and accurate information.

CRITERIA FOR SELECTION

- 1. The nominee must reside in Chesterfield County or have been a resident at the time the service was performed.
- 2. His or her work must reflect outstanding volunteer service.
- 3. A nominee may be nominated more than once.
- 4. Each nominator may nominate only one candidate per year.
- 5. The candidate should have served in a volunteer position for an extended period of time of at least 10 years.
- 6. The candidate must have been involved in at least **2** separate volunteer activities or capacities either with the same or separate organizations.
- 7. The organizations served by the candidate must be recognized as a sponsored, co-sponsored organization, or affiliated with the Parks and Recreation Department.
- 8. The candidate's efforts must have a lasting impact on the organizations or people served and the candidate's activities must extend beyond involvement primarily intended to benefit self or family members.
- 9. The candidate must be a person of high moral character.
- 10. The candidate must not have received any remuneration for his volunteer efforts.

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NOMINATION Nominations must be made on the attached form. Please

answer each section completely. If space on the form is

not adequate, a written or typed page listing the

requested information about the nominee is acceptable.

The Parks and Recreation Advisory Commission will annually identify and evaluate candidates in each magisterial district. The Commission (PRAC) may nominate up to 2 people in each district and those selected will be forwarded to the respective Board of Supervisors

member for their approval and official nomination.

INDUCTION The induction of the candidates will take place in the

Spring of each year.

DEADLINE Nominations must be mailed or faxed to:

Chesterfield County Parks and Recreation Department

P. O. Box 40

Chesterfield, Virginia 23832

Fax (804) 751-4131.

Deadline Date: January 31, 2005

Chesterfield County Parks & Recreation Dept. P.O. Box 40 Cheserfield, Virginia 23832 Fax- (804) 751-4131

Applications received after 5:00 p.m. this date cannot be considered.

Deadline Date: **January**, **31**, **2005**

CHESTERFIELD PARKS AND RECREATION VOLUNTEER MONUMENT HALL OF FAME

This form is to be completed and submitted by the nominating organization or individual. Read the guidelines (page 1) carefully before filling out this form. If any assistance is needed, please call (804) 748-1623.

PLEASE TYPE OR PRINT CLEARLY

| Nominee Informatio | | | | |
|----------------------|--------------------------------|----------------------|------|-----|
| Name (Miss, Mrs., M | r.) | | | |
| | First | Initial | Last | |
| Address | | | | |
| Street | City | State | Zip | |
| Phone # | Date of Birth | | Age | |
| | | Month/Day/Year | _ | |
| How long has the non | ninee been a resident of | Chesterfield County? | | |
| Nomination Informa | | | | |
| How was nominee sel | lected? By Organiz By Individu | | | |
| Name of Organization | or Individual | | | |
| Address | | | | |
| Street | City | State | | Zip |
| Designated Contact P | erson | | | |
| Title | | Phone | | |
| | | | | |
| | Signatur | re | | |

PLEASE TYPE OR PRINT CLEARLY

List the activities, special achievements or other contributions that reflect the nominee's service to the community (activities must be as a volunteer). Please be specific. List number of years, number of hours of volunteer service, and state actual volunteer activities performed. Please be thorough.

| Dates of Service | Number of Years | Hours | Volunteer Activities |
|------------------|-----------------------|-------------------------|----------------------|
| From: To: | | Weekly or Monthly | |

| • | the activity on achiever | hat you as a | nominator (| consider the n | nominee's most | |
|---|--------------------------|--------------|-------------|----------------|----------------|--|
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